

**Utah Occupational Safety and Health (Utah OSHA)**  
**Utah Government Records Access and Management Act (GRAMA)**  
**GRAMA Request for Record Information**

To: Angela Hansen  
Utah Occupational Safety and Health (Utah OSHA)  
160 East 300 South  
P.O. Box 146650  
Salt lake City, UT 84114-6650

**Person or entity making request**

Name: \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I, \_\_\_\_\_ hereby request copies of the following records. **Please describe with reasonable specificity, attach additional sheet if necessary:**

**Basic Information Required For Case File Location:**

Company Name \_\_\_\_\_ Inspection Case Number \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Citation Date \_\_\_\_\_ Citation Number \_\_\_\_\_

\_\_\_\_\_ for more detail see additional sheet(s) attached.

The purpose of this request for records is \_\_\_\_\_

This request is submitted under the authority of Section 63-2-101 et. seq., Utah Code, (GRAMA). Please check one of the following and attach necessary documentation.

\_\_\_\_\_ I am the subject of the record.

\_\_\_\_\_ I am the person who provided the information.

\_\_\_\_\_ I am authorized to have access by the subject of the record or by the person who submitted the information.

\_\_\_\_\_ I am entitled with the right to inspect the record under GRAMA.

\_\_\_\_\_ Other, please explain \_\_\_\_\_

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested, not to exceed \$ \_\_\_\_\_, in conformance with the government entity's policy as determined by ordinance or written formal policy adopted by the governing body. I understand that there is no charge for inspecting a record. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified and that the agency will not respond to a request for copies if I have not authorized adequate costs.

Please do not send payment with your GRAMA request-you will receive an invoice when the request is completed.

Date: \_\_\_\_\_ Signature of Person Making Request: \_\_\_\_\_

**Fees:**

\$20.00 per hour research fee

\$2.00 for each VHS, CD or DVD

\$.25 per page photo copy fee

\$.50 per color photocopy

Utah Occupational Safety and Health Division

Our telephone number: (801) 530-6901

FAX telephone number: (801) 530-7606